

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-001674

STATE FILE NUMBER

AMENDED

Registration District No.

Primary Registration District No. 10.02

Registrar's No.

261

FILED JAN 25 1962

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY	Jackson	a. STATE	Missouri COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only)	Kansas City	c. CITY OR TOWN	Kansas City
Length of stay in 1b	41 yrs.	Inside Limits	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location)	1106 West 24th.	d. STREET ADDRESS (If outside, give location)	1106 West 24th. St.
HOSPITAL OR INSTITUTION	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Reside on Farm	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED		4. DATE OF DEATH	
(Type or print)	First MIDDLE Last	Month	Day Year
	PIEDAD RAMIREZ GARCIA	1	14 62
5. SEX	6. COLOR OR RACE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH
Female	White		6-29-06
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday)
Housewife		Home	55
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME	11. BIRTHPLACE (City and state or country)
Luciano Ramirez		Nicholasa Landin	Guana jauto, Mexico
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		17. INFORMANT	
No		Mrs. Connie Enriquez: 1106 West 24th	
18. CAUSE OF DEATH (Enter only one cause per line)		12. CITIZEN OF WHAT COUNTRY	
PART I. DEATH WAS CAUSED BY:		Mexico	
IMMEDIATE CAUSE (a)		INTERVAL BETWEEN ONSET AND DEATH	
Coronary Occlusion			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			
DUE TO (b)			
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days.	
Treated for heart at Gen Hosp		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY	Hour Month, Day, Year		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	
		COUNTY STATE	
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____			
Death occurred at 10:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE		22b. ADDRESS	
M.D. Coroner		152 Union Station - K.C., Mo.	
23a. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
Mount Saint Mary's Cem.		Kansas City, Missouri	
24. FUNERAL DIRECTOR		25. DATE RECD. BY LOCAL REG.	
WEILERT FUNERAL HOMES (W) K.C., MO.		1-16-62	
26. REGISTAR'S SIGNATURE			
Ruth Song			

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Ernest D. Goldsnow

Licensed Embalmer No. 4714

P. O. Address KC Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.